

**Dr. Joseph F. Smith
Medical Library**

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Terms Resources**Antilucer drugs**

ANTIULCER DRUGS	
Drug Name (Generic Name)	Possible Common Side Effects Include:
Acid inhibitors:	Heartburn, headache, nausea and vomiting, sore throat
Cimetidine (Tagamet)	Constipation, dizziness, upset stomach, vomiting
Cytotec (Etoposide)	Cranial, diarrhea, nausea, gas, headache, menstrual changes (including heavy bleeding and severe clumping)
Pepcid (Famotidine)	Constipation or diarrhea, dizziness, fatigue, pain
Prilosec (Omeprazole)	Nausea and vomiting, headache, diarrhea, abdominal pain
Tegaserod (Zelnite)	Headache, breast development in men, depression and drowsiness
Zantac (ranitidine hydrochloride)	Headache, constipation or diarrhea, joint pain

Definition

Antilucer drugs are medicines used to treat ulcers in the stomach and the upper part of the small intestine.

Purpose

The antilucer drugs described here are used as part of the treatment for ulcers. Ulcers are sores or raw areas that form in the lining of the stomach or the duodenum (the upper part of the intestine). Those that form in the stomach are called gastric ulcers; in the duodenum, they are called duodenal ulcers. Both types are referred to as peptic ulcers. For a long time, physicians thought that stress and certain foods caused ulcers. Now they know that most ulcers are caused either by infection with a bacterium called *Helicobacter pylori* or by long-term use of aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen. In either case, something damages the barrier of mucus that normally protects the stomach and duodenum from the powerful acids and enzymes that the body produces to digest food. When that happens, the acids and enzymes begin to eat away at the unprotected tissue, causing ulcers.

Ulcers do not always cause symptoms. When they do, they usually cause

a gnawing or burning pain – something like hunger pangs – between the breastbone and the navel. The pain often occurs early in the morning or between meals and may be temporarily relieved by eating or by taking antacids. Nausea, vomiting, loss of appetite and weight loss are other symptoms of ulcers. If ulcers bleed, the blood may show up in the form of black, tarry stools.

In addition to antibiotics to clear up the *Helicobacter pylori* infection, physicians use several types of antiulcer drugs that reduce the amount of acid the stomach produces or that protect the lining of the stomach and duodenum.

Getting the proper treatment for ulcers is important, because ulcers can lead to serious complications, such as bleeding, swelling, and scarring. If the swelling and scarring are severe, the opening between the stomach and intestine may become blocked. Untreated ulcers may also eat through the wall of the stomach or duodenum. When that happens, bacteria and partially digested food may leak into the body cavity and cause a life-threatening condition called peritonitis.

Description

The three basic types of antiulcer drugs are H2-blockers, acid pump inhibitors, and mucosal protective medications. H2-blockers block the production of histamine, a substance that stimulates acid secretion. By blocking histamine, these drugs reduce the amount of acid the stomach produces. Examples of H2-blockers are cimetidine (Tagamet), famotidine (Pepcid), nizatidine (Axid) and ranitidine (Zantac). These drugs usually provide relief within a few days to a few weeks, depending on the severity of the ulcer. H2-blockers usually are given for 6-8 weeks to encourage healing. If the ulcers were caused by *Helicobacter pylori*, and the infection is not treated, the ulcers will usually recur and must be treated again. However, ulcers usually do not come back when the underlying infection is treated. Ulcers caused by nonsteroidal anti-inflammatory drugs do not need treatment with antibiotics.

Acid pump inhibitors completely block the production of stomach acid by stopping the final step in acid secretion. Omeprazole (Prilosec) is an acid pump inhibitor.

Mucosal protective medications create a protective barrier that allows the ulcer to heal and prevents further damage to the stomach and duodenum. Sucralfate (Carafate) is such a drug.

Recommended dosage

The proper dose depends on the type of antiulcer drug. Check with the physician who prescribed the drug or the pharmacist who filled the prescription for the correct dosage.

Always take antiulcer drugs exactly as directed. Never take larger or more frequent doses, and do not take the drug for longer than directed.

Precautions

Although most of the drugs discussed here are available in both prescription and nonprescription (over-the-counter) forms, the nonprescription forms come in lower doses and are not intended for the treatment of ulcers. Anyone who has ulcers should be under a physician's care and should use the drugs and doses the physician prescribes.

Antiulcer drugs may mask the symptoms of stomach cancer. Anyone taking these drugs should make sure that his or her physician has ruled out the possibility of cancer.

Time may be needed for antiulcer medicines to relieve the pain. Be patient and keep taking the medicine as directed, even if it does not seem to be working at first. Antacids may be used to relieve the pain during this time, unless the physician says not to use them. If antacids and antiulcer drugs are taken together, allow half an hour to an hour between taking the antacid and taking the antiulcer drug.

Do not stop taking antiulcer drugs just because symptoms improve. Take the medicine for as long as the physician says to take it.

Smoking cigarettes may slow the healing of ulcers and make them more likely to develop again after treatment. Ideally, avoid smoking completely while taking antiulcer drugs or at least, avoid smoking after taking the last dose of the day will encourage healing of the ulcer.

Antiulcer drugs may affect the results of certain medical tests. Anyone who is taking antiulcer drugs should let the physician know before having skin tests for allergies or tests to find out how much acid the stomach produces.

Patients who are over 50 years old or who are severely ill may become temporarily confused while taking the antiulcer drugs called H₂-blockers. These include cimetidine (Tagamet), famotidine (Pepcid), nizatidine (Axid), and ranitidine (Zantac). If this happens, notify the physician who prescribed the medicine. These drugs also increase the effects of alcohol, so anyone taking them should not drink alcoholic beverages without first checking with a physician or pharmacist. Large amounts of caffeine should also be avoided.

Patients who have phenylketonuria should be aware that Tagamet "Efferdose" tablets and granules contain phenylalanine.

Long-term use of the antiulcer drug omeprazole (Prilosec) can cause severe stomach inflammation.

Special conditions

People with certain medical conditions or who are taking certain other medicines can have problems if they take antiulcer drugs. Before taking these drugs, be sure to let the physician know about any of these conditions:

Allergies

Anyone who has had unusual reactions to Axid, Pepcid, Prilosec, Tagamet, Zantac, or similar drugs in the past should let his or her physician know before taking antiulcer drugs. The physician should also be told about any allergies to foods, dyes, preservatives, or other substances.

Pregnancy

The effects of taking antiulcer drugs during pregnancy have not been fully studied. Women who are pregnant or plan to become pregnant should check with their physicians about whether to use antiulcer drugs.

Breastfeeding

Antiulcer drugs can pass into breast milk and may affect nursing babies. Women who are breastfeeding and need to take antiulcer drugs should check with their physicians. Not breastfeeding until treatment with the drugs is finished may be necessary.

Other medical conditions

Before using antiulcer drugs, people with any of these medical problems should make sure their physicians are aware of their conditions:

- Kidney disease
- Liver disease
- Weakened immune system
- Obstruction of the gastrointestinal tract.

Use of certain medicines

Taking antiulcer drugs with certain other drugs may affect the way the drugs work or may increase the chance of side effects.

Side effects

The most common side effects are dizziness, drowsiness, gas, headache, indigestion, nausea, vomiting, abdominal or stomach pain, and inflammation of the nose. These problems usually go away as the body adjusts to the drug and do not require medical treatment. Less common

side effects, such as blurred or dimmed vision, constipation, itching, rash, sleeplessness, abnormal dreams, breast swelling or tenderness, and backache also may occur and do not need medical attention unless they do not go away or they interfere with normal activities.

More serious side effects are not common, but may occur. If any of the following side effects occur, check with the physician who prescribed the medicine as soon as possible:

- Confusion
- Fast, slow, pounding, or irregular heartbeat
- Sore throat
- Fever
- Tightness in chest
- Unusual bruising or bleeding
- Unusual tiredness or weakness
- Convulsions (seizures)
- Drowsiness.

Other rare side effects may occur. Anyone who has unusual symptoms after taking antiulcer drugs should get in touch with his or her physician.

Interactions

Antiulcer drugs may interact with a variety of other medicines. When this happens, the effects of one or both of the drugs may change or the risk of side effects may be greater. Anyone who takes antiulcer drugs should let the physician know all other medicines he or she is taking. Among the drugs that may interact with certain antiulcer drugs are:

- Aspirin
- Alcohol
- Antacids such as Mylanta and Maalox
- Blood-thinning drugs such as warfarin (Coumadin)
- Other antiulcer drugs
- Iron
- Disulfiram (Antabuse)
- Cyclosporine (Sandimmune, Neoral)
- Antifungal drugs such as fluconazole (Diflucan) and ketoconazole (Nizoral)
- Medicines for irregular heartbeat such as amiodarone (Cordarone), tocainide (Tonocard), quinidine preparations such as Quinidex, and procainamide (Procan)
- Nicotine (in cigarettes or in smoking cessation drugs, such as Nicoderm and Nicorette).

The list above does not include every drug that may interact with antiulcer drugs. Be sure to check with a physician or pharmacist before combining antiulcer drugs with any other prescription or nonprescription (over-the-counter) medicine.

Terms:

Antibiotic

Medicine used to treat infections.

Duodenum

The first of the small intestine's three parts. The other two are the ileum and the jejunum.

Enzyme

A type of protein, produced in the body, that brings about or speeds up chemical reactions.

Gastrointestinal tract

The stomach, small intestine and large intestine.

Inflammation

Pain, redness, swelling, and heat that usually develop in response to injury or illness.

Mucus

Thick fluid produced by the moist membranes that line many body cavities and structures.

Nonsteroidal anti-inflammatory drug (NSAID)

A type of medicine used to relieve pain, swelling, and other symptoms of inflammation, such as ibuprofen or ketoprofen.

Peritonitis

Inflammation of the abdominal cavity and wall.

Phenylalanine

An amino acid found in many proteins. (Amino acids are the building blocks of proteins.)

Normally, phenylalanine is converted to the amino acid tyrosine in the body.

Phenylketonuria (PKU)

A genetic disorder in which the body is unable to convert the amino acid phenylalanine to tyrosine. If the condition is not treated, phenylalanine builds up in the body and can cause brain damage and mental retardation.

Resources:

ORGANIZATIONS

Digestive Disease National Coalition. Address: 507 Capitol Court NE, Suite 200, Washington, DC 20003. (202) 544-7497.

National Digestive Diseases Information Clearinghouse. Address: 2 Information Way, Bethesda, MD 20892-3570. nddic@aerie.com.
<http://www.niddk.nih.gov/Brochures/NDDIC.htm>.

The above information is an educational aid only. It is not intended as medical advice for individual conditions or treatments. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you.

This health encyclopedia is made possible by the Dr. Joseph F. Smith Trust Fund. Dr. Smith was a surgeon who resided in Wausau from 1908 to 1952. In addition to his surgical practice, Dr. Smith possessed a strong commitment to community service and medical education. The agreement which created the Dr. Joseph F. Smith Medical library was signed in July of 1948.

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